- 1. The following data items are required for all registerable births (including live births before 24 weeks of gestation and stillbirths after 24 weeks of gestation) that took place in your trust (including home births) between 1st April 2012 and 31st March 2013.
- 2. The data are required at the level of ONE ROW PER BABY (i.e. 2 rows for twins, 3 rows for triplets etc). In the case of multiple births, the maternal information (demographics, obstetric history, antenatal care) should be identical but neonatal information (e.g. mode of delivery, birth weight) may differ.
- 3. Preferred formats for the output are detailed below in Column C. These are largely based on national code definitions; however, if your system captures data in a different format or uses an alternative coding system, you do not need to re-code the data. Please simply send the raw data extract together with a data dictionary or similar to enable us to interpret the data.
- 4. If possible, please save the extract as a comma-separated value (CSV) file. For fields with multiple, non mutually-exclusive options (highlighted in green), please use a different delimiter (e.g.; or |) to separate data items within a field.
- 5. The data extract must be transferred securely in an encrypted format as per the Data Sharing Agreement. Please contact Lynn Copley on 020 7869 6609 / lcopley@rcseng.ac.uk to discuss data transfer options.
- 6. If you have any queries regarding these instructions please contact Hannah Knight on 020 7772 6472 / hknight@rcog.org.uk

The preferred format of the data item is expressed in data type and length.

The data type is represented in either alphanumeric or numeric form. i.e.:

- an indicating an alphanumeric data item
- n indicating a numeric data item

The length is expressed in a numeric form e.g. 6, which would indicates a data item that captures 6 characters (Note - spaces are counted as characters)

In some cases, the length is proceeded with 'MAX' to indicate that the length is variable but has an upper limit. For instance a format of 'max Examples of formats are:

- an2 a data item in an alphanumeric format which captures 2 characters.
- max an2 a data item in an alphanumeric format which captures a maximum of 2 characters.
- n3 a data item in a numeric format which captures 3 numeric characters
- an7 n:nnnnnnn a data item in a alphanumeric format with specific data types for each character. Barring the second character, all characters are numeric. The second character is alphanumeric.
- n.nn a data item in a numeric format which captures three numeric characters separated by a full stop (after the first character).

DATE and DATE TIME data items are in alphanumeric format, however, the format of these data items also explain the specific form of each character. i.e.:

an10 - CCYY-MM-DD

CCYY denotes the year, $\it MM$ denotes the month and $\it DD$ denotes the day in the month.

an19 - YYYY-MM-DDThh:mm:ss

YYYY denotes the year, *MM* denotes the month and *DD* denotes the day in the month. *T* is a prefixed value denoting that the subsequent characters relate to time (i.e. trusts will submit the letter *T*). *hh* denotes the hour, *mm* denotes the minute and *ss* denotes the second.

Data item	Description	Format
	DEMOGRAPH	ics
Mother's NHS number	The NHS Number of the mother in a maternity episode	n10 (nnnnnnnnn)
Postcode	The postcode of usual address, as nominated by the mother	max an8
Mother's date of birth	Date of birth of the mother in a maternity episode	Preferred format: an10 (CCYY-MM-DD)
Mother's ethnicity	The ethnicity of the mother in a maternity episode as specified by herself	Preferred categories and codes listed below (based on 2001 census). If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. White British A - White British B - White British C - Any other White background Mixed D - White and Black Caribbean E - White and Black African F - White Asian G - Any other Mixed background Asian or Asian British I - Pakistani J - Pakistani K - Bangladeshi L - Any other Asian Background Black or Black British M - Caribbean

		N - African
		P - Any other Black background
		Other Ethnic Groups R - Chinese
		S - Any other ethnic group
		Z - Not Stated 99 - Not known
Father's ethnicity	The ethnicity of the father as specified by himself,	Preferred categories and codes listed below (based on 2001 census). If these are
	or by the mother if the father is not present	not the categories recorded in your MIS, please provide any relevant information
		needed to interpret your data. White
		A - White British B - White Irish
		C - Any other White background
		Mixed D - White and Black Caribbean
		E - White and Black African
		F - White Asian G - Any other Mixed background
		Asian or Asian British H - Indian
		J - Pakistani
		K - Bangladeshi L - Any other Asian Background
		Black or Black British
		M - Caribbean N - African
		P - Any other Black background Other Ethnic Groups
		R - Chinese
		S - Any other ethnic group Z - Not Stated
		99 - Not known
	ODSTETDIS LUST	CODY
0	OBSTETRIC HIST	
Gravida	Number of previous pregnancies (including miscarriages and abortions)	max n2
Parity	Number of previous registerable births (any birth >24	max n2
	weeks of gestation, or with any signs of life)	
Caesarean section	Has the mother delivered any previous baby by caesarean section?	Preferred format: N = no; Y = yes
Instrumental delivery	Were any of the woman's previous babies delivered	Preferred format: N = no; Y = yes
-	with instrumental assistance?	
Preterm birth	Were any of the woman's previous babies born before	Preferred format: N = no; Y = yes
	37 completed weeks of gestation?	
Low birth weight	Did any of the woman's previous babies weight less	Preferred format: N = no; Y = yes
	than 2500g at birth?	
Stillbirth	Has the woman ever had a stillbirth (intrauterine fetal death after 24 completed weeks of gestation)?	Preferred format: N = no; Y = yes
	death arter 24 completed weeks of gestation):	
Pre-eclampsia, eclampsia	Did the woman have preeclampsia or eclampsia during	Preferred format: N = no; Y = yes
21	any previous pregnancy?	Defend from the control of the contr
Placenta accreta	Did the woman have placenta acreta during any	Preferred format: N = no; Y = yes
	previous pregnancy?	
	previous pregnancy?	
	previous pregnancy?	
	previous pregnancy? ANTENATAL CA	ARE
Assisted conception		ARE Preferred format: N = no; Y = yes
	ANTENATAL CA Did the mother conceive through a method of assisted conception (e.g. IVF/IUI)	Preferred format: N = no; Y = yes
Assisted conception Date of LMP	ANTENATAL C. Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the	
	ANTENATAL C/ Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known)	Preferred format: N = no; Y = yes
Date of LMP	ANTENATAL C. Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD)
Date of LMP Gestation at booking Maternal weight at booking	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3
Date of LMP Gestation at booking Maternal weight at booking Maternal height	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2
Date of LMP Gestation at booking Maternal weight at booking	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3
Date of LMP Gestation at booking Maternal weight at booking Maternal height	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current smoker
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current smoker 02 - Ex-smoker - Stopped after conception
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01-Current smoker 02-Ex-simoker-Stopped after conception 03-Ex-simoker-Stopped after conception 03-Ex-simoker-Stopped and 12 months before conception 04-Ex-simoker-Stopped more than 12 months before conception
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current smoker 02 - Ex-moker - Stopped after conception 03 - Ex-moker - Stopped after conception and 12 months before conception
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking	ANTENATAL C. Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current smoker 02 - Ex-smoker - Stopped after conception 03 - Ex-smoker - Stopped after conception 03 - Ex-smoker - Stopped after conception 05 - Nos-smoker - history unknown 06 - Nos-smoker - history unknown 06 - Never smoked 09 - Unknown
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 Current smoker 02 Ex-amoker - Stopped after conception 03 Ex-amoker - Stopped after conception and 12 months before conception 05. Non-smoker—history unknown 05. Non-smoker—history unknown 05. Non-smoker—history unknown
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking	ANTENATAL C. Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current smoker 02 - Ex-smoker - Stopped after conception 03 - Ex-smoker - Stopped and Pat 2 months before conception 04 - Ex-smoker - Stopped more than 12 months before conception 05 - Nos-smoker - history unknown 06 - Nos-smoker - history unknown 06 - Never smoked 09 - Unknown
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking	ANTENATAL Control Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days. The weight of the mother in kilograms at the Booking Appointment. The height of the mother in metres. The body mass index of the mother at the Booking Appointment. The mother's self-reported smoking status at the Booking Appointment. The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment. The Estimated Date of Delivery, as agreed by ultrasound.	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current snoker 02 - Ex-smoker - Stopped after conception 03 - Ex-smoker - Stopped after conception 03 - Ex-smoker - Stopped after conception 05 - New smoker - history unknown 05 - New smoked 06 - Newer smoked 09 - Unknown max n3
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week) Confirmed EDD	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current smoker 02 - Ex-amoker - Stopped after conception 03 - Ex-amoker - Stopped after conception 04 - Ex-amoker - Stopped after conception 05 - Non-smoker - history unknown 06 - Never smoked 09 - Unknown max n3 Preferred format: an10 (CCYY-MM-DD)
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week)	ANTENATAL Control Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days. The weight of the mother in kilograms at the Booking Appointment. The height of the mother in metres. The body mass index of the mother at the Booking Appointment. The mother's self-reported smoking status at the Booking Appointment. The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment. The Estimated Date of Delivery, as agreed by ultrasound.	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01. Current smoker 02. Ex-smoker - Stopped after conception 03. Ex-smoker - Stopped after conception 03. Ex-smoker - Stopped after that 22 months before conception 05. Ex-smoker - Stopped more than 12 months before conception 05. Non-smoker - history unknown 06. Never smoked 09. Unknown max n3 Preferred format: an10 (CCYY-MM-DD) Preferred categories and codes listed below. If these are not the categories recorded in
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week) Confirmed EDD	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current smoker 02 - Ex-amoker - Stopped after conception 03 - Ex-amoker - Stopped after conception 04 - Ex-amoker - Stopped after conception 05 - Non-smoker - history unknown 06 - Never smoked 09 - Unknown max n3 Preferred format: an10 (CCYY-MM-DD)
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week) Confirmed EDD	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01. Current smoker 02. Ex-smoker - Stopped after conception 03. Ex-smoker - Stopped after conception 03. Ex-smoker - Stopped more than 12 months before conception 05. Ex-smoker - Stopped more than 12 months before conception 06. Ex-smoker - Stopped more than 12 months before conception 06. Newer smoked 06. Newer smoked 09. Unknown max n3 Preferred format: an10 (CCYY-MM-DD) Preferred categories and codes listed below. If these are not the categories recorded in
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week) Confirmed EDD	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 Current smoker 02 Ex-smoker - Stopped after conception 03 Ex-moker - Stopped after conception 03 Ex-moker - Stopped after conception 05 New smoker - Stopped more than 12 months before conception 05 New smoker - history unknown 06 Newer smoked 09 Unknown max n3 Preferred format: an10 (CCYY-MM-DD) Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 Severe pre-eclampsia requiring pre-term birth 02 Haemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP)
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week)	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01. Current smoker 02. Ex-smoker - Stopped after conception 03. Ex-smoker - Stopped after conception 03. Ex-smoker - Stopped more than 12 months before conception 05. Ex-smoker - Stopped more than 12 months before conception 06. Ex-smoker - Stopped more than 12 months before conception 06. Ex-smoker - Stopped more than 12 months before conception 06. Ex-smoker - Stopped more than 12 months before conception 06. Ex-smoker - Stopped more than 12 months before conception 06. Never smoked 09. Unknown max n3 Preferred format: an10 (CCYY-MM-DD) Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01. Severe pre-eclampsia requiring pre-term birth 02. Haemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP) 03. Eclampsia 05. Uver cholestasis of pregnancy
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week)	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current smoker 02 - Ex-smoker - Stopped after conception 03 - Ex-smoker - Stopped after conception 03 - Ex-smoker - Stopped and 12 months before conception 05 - Non-smoker - history unknown 06 - Never smoked 06 - Never smoked 09 - Unknown max n3 Preferred format: an10 (CCYY-MM-DD) Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Severe pre-eclampsia requiring pre-term birth 02 - Haemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP) 03 - Eclampsia 05 - Uter cholestasis of pregnancy 06 - Gestational diabetes mellitus
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week)	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01-Current snoker 02-Ex-amoker-Stopped after conception 03-Ex-amoker-Stopped after conception 03-Ex-amoker-Stopped after conception 05-No-Ex-amoker-Stopped after conception 05-No-Ex-amoker-Stopped after conception 05-No-Ex-amoker-Stopped after conception 06-Ex-amoker-Stopped after conception 06-Never snoked 09-Unknown max n3 Preferred format: an10 (CCYY-MM-DD) Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01-Severe pre-eclampsia requiring pre-term birth 02-Naemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP) 03-Edampsia 05-Uner-cholestasis of pregnancy 06-Gestational diabetes mellitus 07-Gestational hyportension 06-Gestational proteinuria
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week)	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current smoker 02 - Ex-moker - Stopped after conception 03 - Ex-moker - Stopped after conception 04 - Ex-moker - Stopped more than 12 months before conception 05 - Non-smoker - history unknown 06 - Never smoked 09 - Unknown max n3 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Severe pre-eclampsia requiring pre-term birth 02 - Haemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP) 03 - Eclampsia 05 - Liver cholestasis of pregnancy 06 - Gestational diabetes mellitus 07 - Gestational diabetes mellitus 08 - Antepartum hemorrhage
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week)	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current smoker 02 - Ex-moker - Stopped after conception 03 - Ex-amoker - Stopped after conception 04 - Ex-moker - Stopped more than 12 months before conception 05 - Non-smoker - history unknown 06 - Never smoked 09 - Unknown max n3 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Severe pre-eclampsia requiring pre-term birth 02 - Haemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP) 03 - Eclampsia 05 - Liver cholestasis of pregnancy 06 - Gestational diabetes mellitus 07 - Gestational hypertension 08 - Gestational hypertension 08 - Gestational hypertension 08 - Gestational hypertension 08 - Somphysis public dyfunction
Date of LMP Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week)	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01. Current smoker 02. Ex-smoker - Stopped after conception 03. Ex-smoker - Stopped after conception 05. Non-smoker - Stopped after conception 05. Non-smoker - Stopped more than 12 months before conception 06. Ex-smoker - Stopped more than 12 months before conception 06. Never smoked 09. Unknown max n3 Preferred format: an10 (CCYY-MM-DD) Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01. Severe pre-eclampsia requiring pre-term birth 02. Haemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP) 03. Eclampsia 05. Liver holestasis of pregnancy 06. Gestational diabetes mellitus 07. Gestational physterension 08. Gestational proteimuria 09. Antepartum haemorrhage 11. Feto-materal haemorrhage
Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week) Confirmed EDD Antenatal complications/diagnoses	Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01. Current smoker 02. Ex-amoker - Stopped after conception 03. Ex-amoker - Stopped after conception 03. Ex-amoker - Stopped after conception 05. Non-smoker- Instory winnown 06. Never smoked 09. Unknown max n3 Preferred format: an10 (CCYY-MM-DD) Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01. Severe pre-eclampsia requiring pre-term birth 02. Haemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP) 03. Edampsia 05. Uner cholestasis of pregnancy 06. Gestational diabetes mellitus 07. Gestational proteinuria 08. Attestational proteinuria 08. One Antepartium haemorrhage 18. Symphysis pubsi dysfunction 19. Placental pravaia
Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week) Confirmed EDD Antenatal complications/diagnoses	ANTENATAL Co Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment Any obstetric condition/s diagnosed in this pregnancy Was the mother screened for Group B Streptococcus?	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 Current smoker 02 Ex-moker - Stopped after conception 03 Ex-moker - Stopped after conception 03 Ex-moker - Stopped between conception and 12 months before conception 05 Non-smoker - history winnown 06 Never smoked 09 Unknown max n3 Preferred format: an10 (CCYY-MM-DD) Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 Severe pre-eclampsia requiring pre-term birth 02 Haemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP) 03 Edational diabetes mellitus 07 Gestational phyerension 08 Gestational phyerension 08 Gestational proteinuria 09 Antepartum haemorrhage 11 Feto-maternal haemorrhage 12 Feto-maternal haemorrhage 13 Symphysis pubs dysfunction 15 Placental praravia 26 Severe pre-eclampsia 27 Fevere pre-eclampsia 28 Feto-maternal haemorrhage 29 Feto-maternal haemorrhage 20 Feto-maternal haemorrhage 20 Feto-maternal haemorrhage 20 Feto-maternal haemorrhage 21 Feto-maternal haemorrhage 22 Feto-maternal haemorrhage 23 Feto-maternal haemorrhage 24 Feto-maternal haemorrhage 25 Feto-maternal haemorrhage 26 Feto-maternal haemorrhage 27 Feto-maternal haemorrhage 28 Feto-maternal haemorrhage 29 Feto-maternal haemorrhage 20 Feto-maternal haemorrhage 20 Feto-maternal haemorrhage 20 Feto-maternal haemorrhage
Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week) Confirmed EDD Antenatal complications/diagnoses	ANTENATAL Control Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment Any obstetric condition/s diagnosed in this pregnancy Was the mother screened for Group B Streptococcus? As identified at the Booking Appointment and based on	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current smoker 02 - Ex-smoker - Stopped after conception 03 - Ex-smoker - Stopped after conception 05 - Nex-smoker - Stopped more than 12 months before conception 05 - Nex-smoker - Stopped more than 12 months before conception 05 - Nex-smoker - Stopped more than 12 months before conception 06 - Nex-smoker - Stopped more than 12 months before conception 07 - Nex-smoker - Stopped more than 12 months before conception 08 - Nex-smoker - Stopped more than 12 months before conception 09 - Nex-smoker - Stopped more than 12 months before conception 09 - Nex-smoker - Stopped more than 12 months before conception max n3 Preferred format: an10 (CCYY-MM-DD) Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Severe pre-eclampsia requiring pre-term birth 02 - Haemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP) 03 - Edampsia 05 - Custational hypertension 06 - Cestational diabetes meilitus 07 - Gestational hypertension 08 - Antepartum haemorrhage 18 - Feto-materral haemorrhage 19 - Placental praevia 20 - Severe pre-eclampsia 20 - Severe pre-eclampsia 20 - Severe pre-eclampsia
Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week) Confirmed EDD Antenatal complications/diagnoses	ANTENATAL Control Did the mother conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment Any obstetric condition/s diagnosed in this pregnancy Was the mother screened for Group B Streptococcus? As identified at the Booking Appointment and based on	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01Current smoker 02Ex-unoker - Stopped after conception 03Ex-unoker - Stopped detered them 12 months before conception 04Ex-unoker - Stopped detered them 12 months before conception 05Non-smoker - Instory unknown 06Never smoked 09Unknown max n3 Preferred format: an10 (CCYY-MM-DD) Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01Severe pre-eclampsia requiring pre-term birth 02Haemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP) 03Eclampsia 05Suer cholestasis of pregnancy 06Gestational physterension 08Gestational diabetes mellitus 07Gestational physterension 08Gestational proteinuria 09Antepartum haemorrhage 11Fetc-maternal haemorrhage 11Fetc-maternal haemorrhage 11Fetc-maternal haemorrhage 12Symphysis pubsi dysfunction 13Placental praevia 20Severe pre-eclampsia Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data.
Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week) Confirmed EDD Antenatal complications/diagnoses	ANTENATAL Conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The stimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment Any obstetric condition/s diagnosed in this pregnancy Was the mother screened for Group B Streptococcus? As identified at the Booking Appointment and based on the woman's past medical history, the diagnosis or type	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01- Current snoker 02- Ex-smoker - Stopped after conception 03- Ex-smoker - Stopped after conception and 12 months before conception 03- Ex-smoker - Stopped more than 12 months before conception 05- Non-smoker - history unknown 06- Never smoked 09- Unknown max n3 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01- Severe pre-eclampsia requiring pre-term birth 02- Naemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP) 03- Edampsia 05- Suber cholestasis of pregnancy 06- Gestational diabetes mellitus 07- Gestational diabetes mellitus 07- Gestational diabetes mellitus 09- Antepartum haemorrhage 13- Symphysis pubsi dysfunction 19- Placental praravia 20- Severe pre-eclampsia Preferred format: N = no; Y = yes Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01- Hypertension
Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week) Confirmed EDD Antenatal complications/diagnoses	ANTENATAL Conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment Any obstetric condition/s diagnosed in this pregnancy Was the mother screened for Group B Streptococcus? As identified at the Booking Appointment and based on the woman's past medical history, the diagnosis or type of diagnosis presenting a risk or complicating factor for	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current smoker 02 - Ex-smoker - Stopped after conception 03 - Ex-smoker - Stopped after conception 05 - Non-smoker - Stopped after conception 05 - Non-smoker - Stopped more than 12 months before conception 05 - Non-smoker - history unknown 06 - Never smoked 09 - Unknown max n3 Preferred format: an10 (CCYY-MM-DD) Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Severe pre-eclampsia requiring pre-term birth 02 - Haemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP) 03 - Edampsia 05 - Liver cholestasis of pregnancy 06 - Gestational diabetes mellitus 07 - Gestational physterension 08 - Gestational proteinuria 09 - Antepartum haemornhage 13 - Symphysis pubsic dysfunction 19 - Placenta praevia' 20 - Severe pre-eclampsia Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data.
Gestation at booking Maternal weight at booking Maternal height BMI at booking Smoking status at booking Alcohol (units per week) Confirmed EDD Antenatal complications/diagnoses	ANTENATAL Conceive through a method of assisted conception (e.g. IVF/IUI) Date of the last menstrual period as reported by the mother (if known) Estimated gestational age at booking in days The weight of the mother in kilograms at the Booking Appointment The height of the mother in metres The body mass index of the mother at the Booking Appointment The mother's self-reported smoking status at the Booking Appointment The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment Any obstetric condition/s diagnosed in this pregnancy Was the mother screened for Group B Streptococcus? As identified at the Booking Appointment and based on the woman's past medical history, the diagnosis or type of diagnosis presenting a risk or complicating factor for	Preferred format: N = no; Y = yes Preferred format: an10 (CCYY-MM-DD) max n3 maxn3.maxn3 n1.maxn2 n2.n1 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Current smoker 02 - Ex-moker - Stopped after conception 03 - Ex-sunder - Stopped dafter conception 04 - Ex-smoker - Stopped more than 12 months before conception 05 - Non-smoker - history unknown 06 - Never smoked 09 - Unknown max n3 Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Severe pre-eclampsia requiring pre-term birth 02 - Haemolytic anaemia, elevated liver enzymes and Low platelet count (HELLP) 03 - Scatagoia diabetes mellius 05 - Ocestational physteression 08 - Gestational physteression 08 - Gestational physteression 08 - Gestational physteression 09 - Antepartum haemorrhage 11 - Feto-maternal haemorrhage 12 - Severe pre-eclampsia Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 09 - Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data.

		06 - Haematological disorder 07 - Central nervous system disorder
		08 - Diabetes
		09 - Autoimmune disease 10 - Cancer
		12 - Infectious hepatitis A
		13 - Serum Hepatitis B 14 - Hepatitis C
		16 - Endocrine disorder
		17 - Respiratory disease 18 - Gastrointestinal disorder
		19 - Musculoskeletal disorder
Intended delivery location	Planned place of delivery (type)	20 - Gynaecological problems Preferred categories and codes listed below. If these are not the categories recorded in
interface delivery location	rained place of delivery (type)	your MIS, please provide any relevant information needed to interpret your data.
		0 - In NHS hospital - delivery facilities associated with midwife ward 1 - At a domestic address
		2 - In NHS hospital - delivery facilities associated with consultant ward
		3 - In NHS hospital - delivery facilities associated with GMP ward
		4 - In NHS hospital - delivery facilities associated with consultant/GMP/midwife ward inclusive of any combination of two of the professionals mentioned
		5 - In private hospital 6 - In other hospital or institution
		7 - In NHS hospital - ward or unit without delivery facilities
		8 - None of the above 9 - Not known
		9 - NOT KNOWN
	LABOUR AND DE	IVERV
Actual delivery location	Location in which baby was delivered	Preferred categories and codes listed below. If these are not the categories recorded in
Actual delivery location	Location in which baby was delivered	your MIS, please provide any relevant information needed to interpret your data.
		your mis, prease provide any referencemental medical to interpret your data.
		0 - In NHS hospital - delivery facilities associated with midwife ward
		1 - At a domestic address 2 - In NHS hospital - delivery facilities associated with consultant ward
		3 - In NHS hospital - delivery facilities associated with GMP ward
		4 - In NHS hospital - delivery facilities associated with consultant/GMP/midwife ward inclusive of any combination of two of the professionals mentioned
		5 - In private hospital
		6 - In other hospital or institution 7 - In NHS hospital - ward or unit without delivery facilities
		7 - In NHS hospital - ward or unit without delivery facilities 8 - None of the above
**************************************	Waste same and the same and the	9 - Not known
Transferred in	Was the woman transferred to this unit for her	Preferred format: N = no; Y = yes
	antenatal care, labour or delivery (as opposed to booking at this hospital)?	
Smoking status at delivery	The mother's self-reported smoking status at delivery	Preferred categories and codes listed below. If these are not the categories recorded in
·		your MIS, please provide any relevant information needed to interpret your data.
		01 - Current smoker 02 - Ex-smoker - Stopped after conception
		03 - Ex-smoker - Stopped between conception and 12 months before conception
		04 - Ex-smoker - Stopped more than 12 months before conception 05 - Non-smoker - history unknown
		06 - Never smoked
North and the form the delice of	March and Constitution blocks for the delice and	09 - Unknown
Number of infants this delivery	Number of registerable infants delivered The method used to induse (initiate) labour, rather	n1 Professed categories and codes listed below If these are not the categories recorded in
Onset of labour	The method used to induce (initiate) labour, rather than to accelerate it.	Preferred categories and codes listed below. If these are not the categories recorded in
	The method used to induce (initiate) labour, rather	
	The method used to induce (initiate) labour, rather	Preferred categories and codes listed below. If these are not the categories recorded in
	The method used to induce (initiate) labour, rather	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Spontaneous: the onset of regular contractions whether or not preceded by spontaneous rupture of the membranes 2 - Not applicable: caesarean section carried out prior to onset of labour or immediately following the onset of labour, when
	The method used to induce (initiate) labour, rather	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Spontaneous: the onset of regular contractions whether or not preceded by spontaneous rupture of the membranes 2 - Not applicable: caesarean section carried out prior to onset of labour or immediately following the onset of labour, when the decision was made before labour
	The method used to induce (initiate) labour, rather	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1-Spontaneous: the onset of regular contractions whether or not preceded by spontaneous rupture of the membranes 2-Not applicable: caesarean section carried out prior to onset of labour or immediately following the onset of labour, when the decision was made before labour 3-Surgical induction by ammiotomy 4-Medical induction, including the administration of agents either orally, intravenously or intravaginally with the intention
	The method used to induce (initiate) labour, rather	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Spontaneous: the onset of regular contractions whether or not preceded by spontaneous rupture of the membranes 2 - Not applicable: caesarean section carried out prior to onset of labour or immediately following the onset of labour, when the decision was made before labour 3 - Surgical induction by parmictomy 4 - Medical induction, including the administration of agents either orally, intravenously or intravaginally with the intention of initiating labour
Onset of labour	The method used to induce (initiate) labour, rather than to accelerate it.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1-Spontaneous: the onset of regular contractions whether or not preceded by spontaneous rupture of the membranes 2- Not applicable: caesarean section carried out prior to onset of labour or immediately following the onset of labour, when the decision was made before labour 3- Surgical induction by amniotomy 4- Medical induction, including the administration of agents either orally, intravenously or intravaginally with the intention of imitiating labour 5 - Combination of surgical induction and medical induction 9 - Not known
Onset of labour Type of medical induction (if applicable i.e.	The method used to induce (initiate) labour, rather	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Spontaneous: the onset of regular contractions whether or not preceded by spontaneous rupture of the membranes 2 - Not applicable: caesarean section carried out prior to onset of labour or immediately following the onset of labour, when the decision was made before labour 3 - Surgical induction by pamiotomy 4 - Medical induction, including the administration of agents either orally, intravenously or intravaginally with the intention of initiating labour 5 - Combination of surgical induction and medical induction Preferred categories and codes listed below. If these are not the categories recorded in
Onset of labour	The method used to induce (initiate) labour, rather than to accelerate it.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1-Spontaneous: the onset of regular contractions whether or not preceded by spontaneous rupture of the membranes 2- Not applicable: caesarean section carried out prior to onset of labour or immediately following the onset of labour, when the decision was made before labour 3- Surgical induction by amniotomy 4- Medical induction, including the administration of agents either orally, intravenously or intravaginally with the intention of imitiating labour 5 - Combination of surgical induction and medical induction 9 - Not known
Onset of labour Type of medical induction (if applicable i.e.	The method used to induce (initiate) labour, rather than to accelerate it.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Spontaneous: the onset of regular contractions whether or not preceded by spontaneous rupture of the membranes 2 - Not applicable: caesarean section carried out prior to onset of labour or immediately following the onset of labour, when the decision was made before labour 3 - Surgical induction by pamiotomy 4 - Medical induction, including the administration of agents either orally, intravenously or intravaginally with the intention of initiating labour 5 - Combination of surgical induction and medical induction Preferred categories and codes listed below. If these are not the categories recorded in
Onset of labour Type of medical induction (if applicable i.e.	The method used to induce (initiate) labour, rather than to accelerate it.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1-Spontaneous: the onset of regular contractions whether or not preceded by spontaneous rupture of the membranes 2-Not applicable: caesarean section carried out prior to onset of labour or immediately following the onset of labour, when the decision was made before labour 3-Surgical induction by amniotomy 4-Medical induction, including the administration of agents either orally, intravenously or intravaginally with the intention of initiating labour 5-Combination of surgical induction and medical induction 9-Not known Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01-Mifepristone 02-Misoprostol
Onset of labour Type of medical induction (if applicable i.e.	The method used to induce (initiate) labour, rather than to accelerate it.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Spontaneous: the onset of regular contractions whether or not preceded by spontaneous rupture of the membranes 2 - Not applicable: caesarean section carried out prior to onset of labour or immediately following the onset of labour, when the decision was made before labour 3 - Surgical induction by ammiotomy 4 - Medical induction, including the administration of agents either orally, intravenously or intravaginally with the intention of initiating labour 5 - Combination of surgical induction and medical induction 9 - Not known Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Miflepristone 02 - Misoprostol 33 - Prostaglandin
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Type of medical induction (if applicable i.e. Option 4 in the previous question) Labour augmentation Time of onset of established labour Time of onset of second stage Anaesthesia in labour and delivery	The method used to induce (initiate) labour, rather than to accelerate it. The agent used for medical induction of labour Date/time when established labour is confirmed - regular painful contractions and progressive cervical dilatation Signs or evidence of full dilatation of cervix Type of anaesthesia used within the labour & delivery episode Was external cephalic version performed before the onset of labour? The professional category of the clinician with overall	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Spontaneous: the onset of regular contractions whether or not preceded by spontaneous rupture of the membranes 2 - Not applicable: caesarean section carried out prior to onset of labour or immediately following the onset of labour, when the decision was made before labour 3 - Surgical induction by amniotomy 4 - Medical induction, including the administration of agents either orally, intravenously or intravaginally with the intention of initiating labour 5 - Combination of surgical induction and medical induction 9 - Not known Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Mifepristone 02 - Misoprostol 03 - Prostaglandin 04 - Oxytocin 05 - Unknown Preferred format: N = no; Y = yes Preferred format: an19 YYYY-MM-DDThh:mm:ss Preferred format: an19 YYYY-MM-DDThh:mm:ss Preferred format: an19 YYYY-MM-DDThh:mm:ss Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - General anaesthetic 03 - Spinal anaesthetic 03 - Spinal anaesthetic 03 - Osinal anaesthetic 03 - Osinal anaesthetic 04 - Ornous Anaesthetic 05 - Osinal anaesthetic 06 - Osinal anaesthetic 07 - Other anaesthetic administred Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 060 - Consultant Obstetrician 060 - Consultant Obstetrician
Type of medical induction (if applicable i.e. Option 4 in the previous question) Labour augmentation Time of onset of established labour Time of onset of second stage Anaesthesia in labour and delivery ECV before labour Lead maternity care professional	The method used to induce (initiate) labour, rather than to accelerate it. The agent used for medical induction of labour Date/time when established labour is confirmed - regular painful contractions and progressive cervical dilatation Signs or evidence of full dilatation of cervix Type of anaesthesia used within the labour & delivery episode Was external cephalic version performed before the onset of labour? The professional category of the clinician with overall responsibility for care during the pregnancy	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Spontaneous: the onset of regular contractions whether or not preceded by spontaneous rupture of the membranes 2 - Not applicable: caesarean section carried out prior to onset of labour or immediately following the onset of labour, when the decision was made before labour 3 - Surgical induction by amniotomy 4 - Medical induction, including the administration of agents either orally, intravenously or intravaginally with the intention of initiating labour 5 - Combination of surgical induction and medical induction 9 - Not known Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Miflepristone 02 - Misoprostol 03 - Prostaglandin 04 - Oxytocin 05 - Unknown Preferred format: N = no; Y = yes Preferred format: an 19 YYYY-MM-DDThh:mm:ss Preferred format: an 19 YYYY-MM-DDThh:mm:ss Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - General anaesthetic 03 - Spiral anaesthetic 03 - Spiral anaesthetic 03 - Spiral anaesthetic 03 - Prostaglandin or caudal anaesthetic 03 - Spiral anaesthetic or analgesic only 98 - No anaesthetic administered Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 04 - General meesthetic deministered 05 - Prostaglandin or caudal anaesthetic 06 - Consultant Obstetrician 160 - General medical practitioner 170 - Midwife
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Method of delivery	The method for delivering baby	Preferred categories and codes listed below. If these are not the categories recorded in		
		your MIS, please provide any relevant information needed to interpret your data.		
		0 - Spontaneous Vertex		
		1 - Spontaneous Other Cephalic		
		2 - Low forceps, not breech 3 - Other Forceps, not breech		
		4 - Ventouse, Vacuum extraction		
		5 - Breech		
		6 - Breech Extraction 7 - Elective caesarean section		
		8 - Emergency caesarean section		
		9 - Other		
Perineal tears	Whether or not there was a traumatic lesion of the genital tract	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data.		
		01 - None 02 - Labial tear 03 - Vaginal wall tear 04 - Perineal tear - first degree 05 - Perineal tear - second degree 06 - Perineal tear - second degree 07 - Perineal tear - fourth degree 07 - Perineal tear - fourth degree 10 - Cervicial tear 10 - Urethral tear 11 - Cittoral tear 12 - Anterior incision		
Episiotomy		Preferred format: N = no; Y = yes		
Maternal critical incident	Instance of a critical incident occurring	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data.		
		01 - Undiagnosed breech 02 -PPH >= 500ml and <=999ml 03 -PPH >= 100ml and <=1499ml 04 -PPH >= 1500ml 05 - Return to theatre 06 - Hysterectomy / laparotomy 07 - Anaesthetic complications 08 - Intensive care admission 09 - Venous thromboembolism 10 - Pulmonary embolism		
Bata and Cara of heat	Data and Consections of the back of	11 - Unsuccessful forceps or ventouse		
Date and time of birth	Date and time of birth of the baby	Preferred format: an19 YYYY-MM-DDThh:mm:ss		
Delivery outcome	Outcome of delivery	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 10 - Use birth		
I		20 - Stillbirth		
		30 - Miscarriage		
		40 - Termination of Pregnancy < 24weeks		
		50 - Termination of Pregnancy >= 24weeks XX - Other inc vanishing/papyraceous twin, ectopic		
Birth weight	Weight of the baby at birth in grams	max n4		
Gestational age	Gestation at date of birth in days	max n3		
Birth order	Sequence in which the baby was born (if multiple)	n1		
Sex of baby	Sex of the baby	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. O - Not Known (not recorded)		
		1 - Male		
		2 - Female 9 - Not Specified		
Cord blood gases	pH of umbilical (venous) blood sample	n.n2		
Apgar score at 1 minute	The Apgar score of the neonate 1 minute after delivery	max n2		
Appar score at 1 minute	The Appar score of the neonate 1 minute after delivery	HIUA HZ		
Apgar score at 5 minutes	The Appar score of the neonate 5 minutes after delivery	max n2		
Apgar score at 10 minutes	The Apgar score of the neonate 10 minutes after delivery	max nz		
Baby's NHS number	The NHS Number of the baby	n10 (nnnnnnnnn)		
Neonatal procedures/diagnoses	A neonatal diagnosis, as captured to the point of the baby's discharge from maternity services or neonatal services	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data.		
		01 - Shoulder dystocia 02 - Cord prolapse		
		03 - Acute fetal compromise		
		04 - Fetal acidaemia 05 - Meconium Aspiration Syndrome		
		us - Meconium Aspiration Syndrome 06 - Acute blood loss		
		07 - Jaundice requiring phototherapy		
		08 - Erb's Palsy		
		09 - Neonatal abstinence syndrome 10 - Birth trauma to the newborn		
		11 - Fetal laceration at caesarean section		
		12 - Cord pH < 7.1 venous		
		13 - Neonatal seizures		
		14 - Undiagnosed fetal abnormality 15 - European Consenital Anomalies or Twins (Eurocat)		
Date admitted to NICU/SCBU, if applicable	Date/time on which baby was admitted to Neonatal	15 - European Congenital Anomalies or Twins (Eurocat) Preferred format: YYYY-MM-DDThh:mm:ss		
	Unit (NNU)			
Antibiotic treatment for Group B Streptococcus	Was antibiotic treatment given to the neonate for Group B Streptococcus?	Preferred format: N = no; Y = yes		
	DISCHARGE			
Maternal Death	Date/time of death of mother during the antenatal,	Preferred format: YYYY-MM-DDThh:mm:ss		
	intrapartum and postpartum periods. The postpartum period only covers death to the point the woman gets discharged from maternity services.			
		1		
Neonatal Death	Date and time of death of baby, before 28 completed days of birth	Preferred format: YYYY-MM-DDThh:mm:ss		
	days of birth			
Neonatal Death Date of maternal discharge Date of neonatal discharge		Preferred format: YYYY-MM-DDThh:mm:ss Preferred format: an10 (CCYY-MM-DD) Preferred format: an10 (CCYY-MM-DD)		